I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, at the date shows below.

1450, on the date shown below.

Dated: May 31, 2004 Signature: (Roger & Heppermann)

Docket No.: 30412/30000A

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Patent Application of:

Levine et al.

Confirmation No.: 4094

Application No.: 10/612,199

Art Unit: 2859

Filed: July 1, 2003

Examiner: Tania C. Courson

For: STUD FINDER

SUPPLEMENTAL AMENDMENT AFTER FINAL ACTION

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

INTRODUCTORY COMMENTS

In response to the Final Office Action dated March 30, 2005, please amend the above-identified U.S. patent application as follows:

A current listing of the Claims begins on Page 2 of this paper.

Remarks/Arguments begin on Page 18 of this paper.

06/03/2005 TBESHAH1 00000006 10612199

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AMENDMENT TRANSMITTAL LETTER						Docket No. 30412/30000A	
Application No. 10/612,199-Conf. #4094		Filing Date July 1, 2003		Examine Tania C. Co			
Applicant(s): Ste	ven R. Levine	et al.					
Invention: STUD	FINDER		·				
TO THE COMMISSIONER FOR PATENTS							
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	Claims Remaining After Amendment		Number Extra Claims Present	Rate			
Total Claims	81	- 81 =	0	×			
Independent Claims	16	- 9 =	7	x 200.00		1400.00	
Multiple Dependent Claims (check if applicable)							
Other fee (please specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						1400.00	
x Large Entity Small Entity							
No additional fee is required for this amendment.							
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.							
X A check in the amount of \$1400.00 to cover the filing fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
x The Director is hereby authorized to charge and credit Deposit Account No13-2855 as described below. A duplicate copy of this sheet is enclosed.							
x Credit any overpayment.							
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
Dated: May 31, 2005							
Roger A. Hepp Attorney Reg. I							
MARSHALL, G 233 S. Wacker Sears Tower Chicago, Illinois (312) 474-6300	Drive, Suite 63 s 60606-6357						
I hereby certify that thi an envelope addresse	s correspondence is d to: MS AF, Comm	s being deposited w	rith the U.S. Posta s, P.O. Box 1450	al Service with sufficien	t postage as Fir 3-1450, on the c	st Class Mail, in late shown below.	

Dated: May 31, 2005

Signature:

_ (Roger A. Heppermann)